

Substance Abuse Prevention Progress in Review

Biennial Report 2001-2003

Governor's Council on Substance Abuse

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In 1998 Governor Locke began a collaborative process to improve cross-system prevention efforts, with the help of a State Incentive Grant from the federal Department of Health and Human Services, Center for Substance Abuse Prevention. On September 1, 2002 the agencies listed below signed an agreement to work collaboratively on six statewide objectives to prevent substance abuse. This report addresses the first of these objectives. Through the work of these agencies, their community partners, and the Washington Interagency Network Against Substance Abuse (WIN), strategies to achieve all six objectives to improve substance abuse prevention efforts in Washington State will continue.

- | | |
|---|--|
| ■ Lieutenant Governor | ■ Governor's Council on Substance Abuse |
| ■ Family Policy Council | |
| ■ Governor's Juvenile Justice Advisory Committee | ■ Department of Social and Health Services |
| ■ Department of Community, Trade and Economic Development | ■ Department of Health |
| ■ Office of Financial Management | ■ Washington Traffic Safety Commission |
| ■ The Office of Superintendent of Public Instruction | ■ Liquor Control Board |

Washington State Substance Abuse Prevention Plan

Six Statewide Objectives

1. Use common, research-based outcome measurements to assess the effectiveness of substance abuse prevention strategies in reducing and protecting youth from risks that can lead to substance abuse.
2. Use common community needs and resource assessments to help communities focus local prevention planning efforts using common outcome measurements.
3. Implement substance abuse prevention programs and strategies that research has shown to be effective or promising.
4. Develop uniform reporting procedures and outcome measurement tools for all state-funded prevention programs.
5. Leverage funding and other prevention resources toward prevention strategies based on research and common community needs' assessments and outcome measures.
6. Provide continuous training to improve the skills of paid and volunteer providers of prevention services.

Working with local partners at the community level and the Washington Interagency Network against Substance Abuse (WIN) at the state level, Washington State Agencies that administer prevention programs have implemented strategies focused on achieving all six objectives to improve substance abuse prevention efforts in our state. It is through these collaborative efforts that prevention is working across Washington.

A Letter From Governor Gary Locke

GARY LOCKE
Governor



STATE OF WASHINGTON
OFFICE OF THE GOVERNOR

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January 2004

To the Citizens of Washington State:

I am pleased to present this first in a series of progress reports that the Governor's Council on Substance Abuse will issue every two years. It provides a common set of objectives that will move us toward our long-term goal of preventing alcohol, tobacco, and other drug abuse by Washington's youth.

The eighteen prevention goals and progress indicators described in this report were selected from hundreds of statistical measures as the most useful means to track Washington's progress toward preventing substance abuse and the harm it causes. These goals reflect the "Characteristics of Thriving Families" adopted by Washington State's Family Policy Council.

Washington State's system to prevent substance abuse is a collaborative process that organizes the efforts of many agencies and individuals, maximizing the effectiveness of state funding and other resources to help families lead healthy, alcohol- and drug-free lives. I thank the Governor's Council on Substance Abuse, members of the Council's Prevention Standing Committee, and the staffs of all participating state agencies and their community partners, for their diligent, ongoing commitment to improving substance abuse prevention services.

The data from this first progress report will help state and local agencies, community organizations, parents, and concerned citizens to track progress in preventing the use of alcohol, tobacco, and other drugs, and to continue to improve the effectiveness of our prevention strategies.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gary Locke".

Gary Locke
Governor



Foreword

The Governor's Council on Substance Abuse was created in 1995 to respond to the significant human, social and economic costs that substance abuse inflicts on individuals, families, and communities in Washington State. The Council advises the Governor and State agencies on substance abuse policy actions aimed at providing a balanced strategy of cross system prevention, treatment, and law and justice efforts to reduce substance abuse and promote healthy, safe and drug-free communities in Washington State.

In 1998 the Governor began a process to advance Washington State's substance abuse prevention efforts through the development of a collaborative, cross-system Substance Abuse Prevention Plan. This planning effort was co-chaired by the Governor's Council on Substance Abuse and the Citizen's Advisory Council from the Department of Social and Health Services' Division of Alcohol and Substance Abuse. With the help of a three-year State Incentive Grant from the federal Center for Substance Abuse Prevention, Department of Health and Human Services, a plan encompassing six overarching statewide objectives has been developed and implemented.

In January of 2002 the Governor's Council on Substance Abuse took action to create a standing committee for substance abuse prevention to assist in development of the biennial substance abuse prevention report and to research substance abuse prevention policy issues.

On September 1, 2002 the Governor's Council on Substance Abuse, along with ten other state level agencies and organizations, signed a Memorandum of Agreement committing their support to the continued implementation of a state substance abuse prevention system. This agreement is based on the shared belief that it is in the interest of the people of Washington State to have a streamlined, cost-effective statewide system for prevention of alcohol and other drug use which takes into account the unique characteristics of individual communities and empowers them to plan and conduct prevention activities. As part of that agreement, the Governor's Council will publish a biennial report on substance abuse prevention, tracking eighteen prevention goals and progress indicators to assess Washington's progress toward preventing substance abuse and the harm it causes.

We are proud to present the first Substance Abuse Prevention Progress in Review. We hope the information provided will assist all the individuals, agencies and organizations committed to the prevention of substance abuse.



Priscilla Lisicich, Ph.D
Chair
Governor's Council on Substance Abuse



Linda Thompson, MA
Co-Chairs
Prevention Standing Committee



Glenn Dunnam

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Health Family members are physically and mentally healthy and have access to basic health care.

Safety Family members are safe.

Social Integration into Community Families have a network of support in the community along with opportunities to help and support others.

Learning and Skill Building Family members acquire skills and knowledge to support them through their lives, and have access to educational opportunities.

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Acknowledgments

The Governor's Council on Substance Abuse thanks the Council's Prevention Standing Committee, participating state agencies, and their community partners for contributing their time, effort and expertise to produce this report. Contributors to the report include Lauren Jenks and Julia Dilley from the Department of Health, Krista Goldstein-Cole from the Family Policy Council, and Dick Doane from the Washington Traffic Safety Commission. The Council gives special recognition to Dr. Linda Becker from the Department of Social and Health Services' Division of Alcohol and Substance Abuse, who was responsible for the report's research and data analysis, and to Dr. Carol Owens and Gail Mitchell from the Department of Community, Trade and Economic Development, who provided staff support for the Committee's work and report development.

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The points of view or opinions contained in this document do not necessarily represent the official position of the Governor's Office, the Department of Community, Trade and Economic Development, or other participating agencies.

Introduction

Over forty-five years of longitudinal prevention research have documented best practices and strategies for preventing substance abuse. The science of prevention began in 1955 with Emmy Werner's groundbreaking research on the Island of Kauai. This research, which followed high-risk children from infancy into adulthood, found that even children who live in the most adverse conditions can grow into caring and competent adults when they have adults in their lives who provide a secure base to help them develop trust, autonomy and initiative.³ The prevention research that followed has documented the importance of the actions in families, schools, communities and peer groups. Actions that protect children from exposure to risks and provide opportunities for positive participation in their communities help to build the skills and develop the personal assets to become healthy, resilient and competent adults.

The prevention of substance abuse is defined as a proactive process that empowers individuals and communities to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.¹

Substance abuse and its negative consequences are preventable. The prevention of substance abuse is a good investment. Every \$1.00 invested in substance abuse prevention saves four to five dollars in the future costs of treatment and counseling.²

In Washington State substance abuse prevention programs are provided through a collaborative process that organizes the efforts of many organizations and individuals to prevent substance abuse and reduce substance abuse impacts to provide positive and lasting change in communities.

This 2003 *Prevention Progress in Review (PPIR)* is the first of a series of reports on the impact of substance abuse prevention efforts. The PPIR will be issued every two years by the Governor's Council on Substance Abuse. This report was developed through the work of the Council's Prevention Standing Committee and the research section of the Department of Social and Health Services' Division of Alcohol and Substance Abuse. The Council's Prevention Standing Committee is made up of representatives and community constituent members from twelve state agencies and the Lieutenant Governor's Office.

The prevention goals and progress indicators described in this report were selected from hundreds of statistical measures as the most accurate means for tracking Washington's progress toward preventing substance abuse and the harm it causes.

The targets listed in this report are based on the national Healthy People 2010 initiative and Washington State specific objectives for risk reduction, protection enhancement and school achievement. The targets will be tracked over time to help assess Washington State's progress toward prevention of youth alcohol, tobacco, marijuana, and other drug use; reduction of factors that put youth at risk of substance abuse; increases of factors which protect or buffer youth from risk; and increases in school achievement.

¹ Governor's Substance Abuse Prevention Advisory Committee, (2002) *Washington State Incentive Grant Compilation Report*. Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse. Olympia, Washington.

² Preventing Drug Use Among Children and Adolescents, 1997. National Institute on Drug Abuse.

³ Werner, Emmy E. and Smith, Ruth, (1992). *Overcoming the Odds: High-Risk Children from Birth to Adulthood*. New York: Cornell University Press.

Health

The use and abuse of alcohol, tobacco, and other drugs affects physical and mental health. This is especially true for children and youth whose bodies are still growing and maturing.

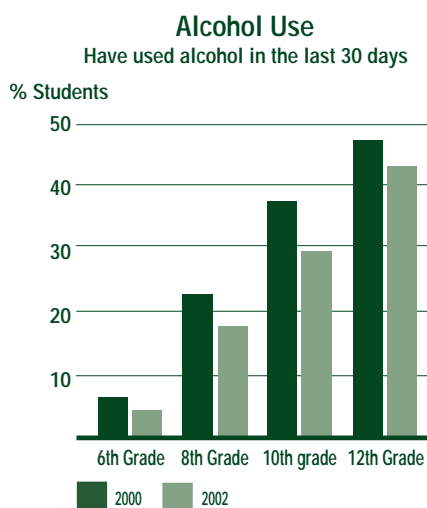
Two important risk factors associated with the problem use of alcohol, tobacco and other drugs are the age at which children or youth first begin to experiment with drugs, and their perceptions and attitudes about substance use. The younger the age of first use, the more likely children will abuse drugs later in life. How children and youth perceive the harm that alcohol, tobacco and other drugs can cause also impacts their decisions to use these drugs.

How are we doing?

Most of Washington's substance use indicators, as measured by the statewide Healthy Youth Survey, indicate that on average, the use of alcohol, cigarettes and marijuana by children and youth is going down in Washington State. While not all of the changes are statistically significant, this trend is in the right direction. However, there is also a reduction in the percent of children and youth who perceive alcohol, tobacco and other drugs as harmful (See Health Goal 3, page 6).

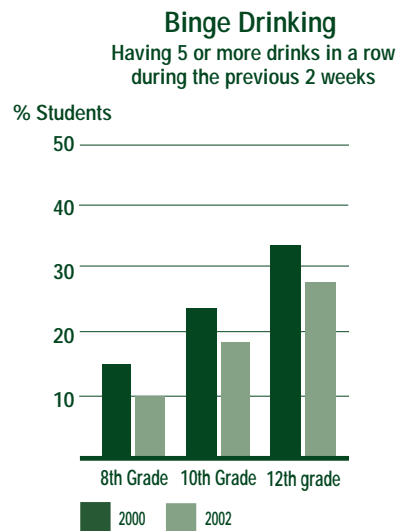


Reduce the number of youth who use alcohol, tobacco and other drugs.



Alcohol Use Last 30 Days

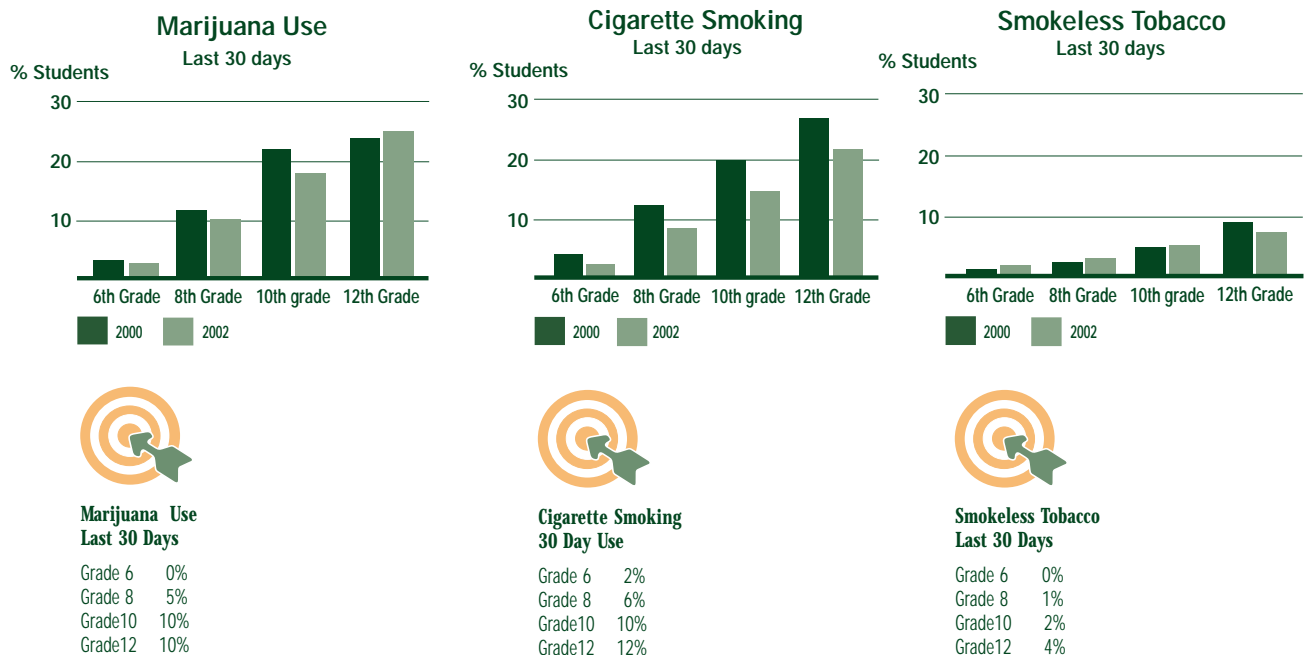
Grade 6	4%
Grade 8	15%
Grade10	25%
Grade12	35%



Binge Drinking

Grade 8	12%
Grade10	18%
Grade12	20%

Health



These data are from the Healthy Youth Survey. Washington State 6th, 8th, 10th and 12th graders were asked about alcohol, tobacco and other drug use during the last 30-days or, in the case of "binge drinking", during the past two weeks. (For more information about the student survey data, see "Notes on Sources" at the back of this report.)

What can we do about it?

Research published within the past few years indicates that comprehensive efforts are more effective than stand-alone efforts. For example, a drug abuse prevention school curriculum alone was shown to be ineffective, while a broad school-based prevention approach involving varied experiences at different grade levels was found to be effective.¹ Researchers are identifying prevention efforts that consistently provide positive results as "best practices." Increasingly, the State's prevention system is requiring that these best practices form the core for state and federally funded substance abuse prevention programs.

A focus on reducing risk and providing protection and opportunities.

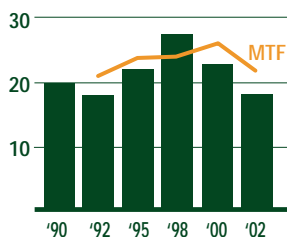
Where adolescents live in high-risk environments, comprehensive community-wide strategies can reduce risks and increase protection for children and youth.² Collaboration between schools, local governments, businesses, the faith community, civic groups, and other parts of the community interested in youth welfare can provide opportunities for children and youth to become involved with their community, learn new skills, and receive positive recognition for their efforts. Prevention programs can influence individual behavior and attitudes through education, and community laws and norms that support reduced drug use can be strengthened through coalition building.

Health

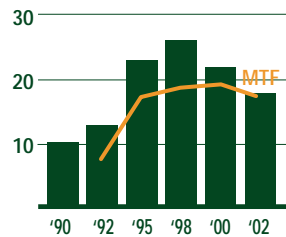
How Does Washington State Compare with National Trends?

Washington State rates for adolescents' use of alcohol, cigarettes and marijuana follow most national trends that show a decline in use between 1992 and 2002. The following charts compare data from the national Monitoring the Future (MTF) survey with Healthy Youth Survey Data from Washington State.

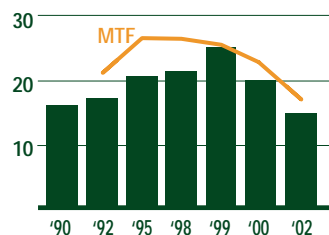
**Current Binge Drinking
Among 10th Graders**



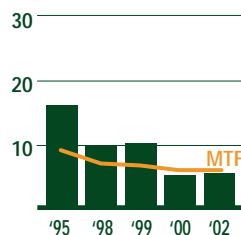
**Current Marijuana Use
Among 10th Graders**



**Current Cigarette Smoking
Among 10th Graders**



**Current Smokeless
Tobacco Use
Among 10th Graders**



Sources: Washington data based on Healthy Youth Survey and its earlier version (see Notes on Sources). National data came from the Monitoring The Future survey.

Health

How are we doing?

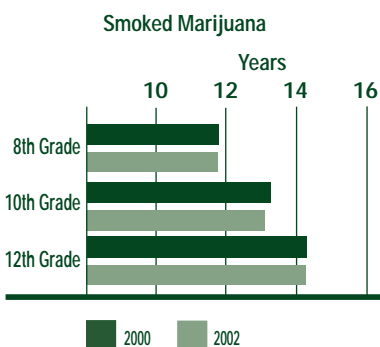
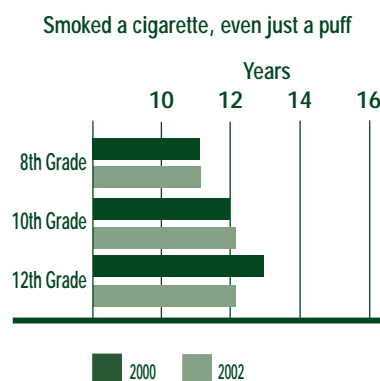
Research shows that the earlier children and adolescents start experimenting with alcohol, tobacco and illicit drugs, the more likely it is that they will become problem users.³ A nation-wide study found that young people who begin drinking before age 15 were four times more likely than those who began drinking at age 21 to develop alcohol dependence.⁴

Data for Washington State show that the majority of adolescents who are already using alcohol, tobacco, or marijuana, began using these drugs at a much younger age than the target goal identified in this report of 16 years of age .



Increase the age at which kids first experiment with substance use.

Average Age at Which Students Who Have Tried Alcohol, Tobacco, or Marijuana First Experimented with These Substances



For all substances and all grades, increase age of first use to 16 years of age.

Source: Healthy Youth Survey.

What can we do?

For this goal, the prevention outcome is to prevent later drug dependence by delaying the age of first experimentation. For younger children and adolescents, efforts should target delaying the initiation of the use of drugs. Older adolescents who started using at an early age are at greater risk for developing problem drug use. For these youth, intervention services should be available. For prevention of drug abuse, prevention should focus on the specific issues that underlie each youth's substance use—not simply drug education.⁵

Preventing youth from initiating substance use can be substance-specific. For instance, improving family management practices (clear rules and monitoring of behavior) will have a different impact depending on the family and community's norms about specific substances. Norms about alcohol use (including youth alcohol use) may be quite different than the norms for marijuana use.

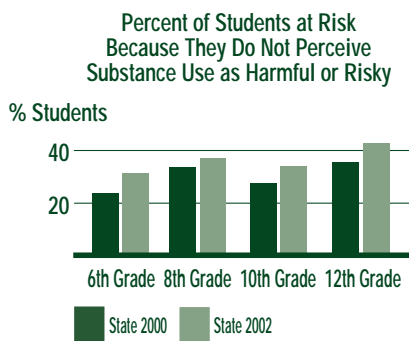
Drug abuse prevention should focus on the personal issues that underlie substance use. The psychological triad of alienation, impulsivity, and distress should be addressed through efforts aimed at encouraging sensitive and empathic parenting, at building childhood self-esteem, at fostering sound interpersonal relationships, and at promoting involvement and commitment to meaningful goals.

Recent research shows that youth who start smoking at an early age are more likely to become the students who drop out of high school.⁶ This suggests that dropping out may be a long process of disengagement that begins in early adolescence. Early initiation of smoking can be an important warning sign. For this reason, prevention efforts aimed at youth who are already smoking should also address the other problems these teens may be facing. For best results, these efforts should take place in early adolescence.

Health

How are we doing?

The Healthy Youth Survey data indicates that in 2002 significantly more youth in Washington State perceived a lower risk from regular use of cigarettes, marijuana and alcohol use than was reported in the 2000 survey.



Increase the percentage of youth who perceive the harmfulness of:



		2000	Target
Smoking one or more packs/day	Grade 6	87.5%	100%
	Grade 8	90.8%	100%
	Grade 10	93.3%	100%
	Grade 12	94.5%	100%
Regular binge drinking	Grade 6	69.4%	100%
	Grade 8	71.8%	100%
	Grade 10	73.8%	100%
	Grade 12	73.7%	100%
Regular marijuana use	Grade 6	83.3%	100%
	Grade 8	84.6%	100%
	Grade 10	81.3%	95%
	Grade 12	79.0%	95%

Increase the number of children and youth who are aware of the dangers of substance use.

What can we do about it?

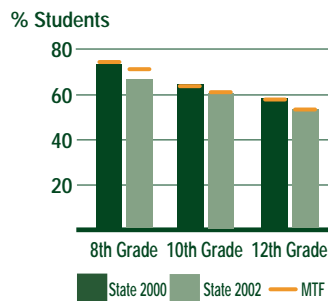
To provide effective substance abuse prevention strategies, it's important to evaluate the outcomes of past efforts. Historically, there has been a strong connection between public perceptions about the dangers of alcohol, tobacco and other drugs, and the level of drug use.⁷ Nationally, the percent of students who perceive a great risk in using drugs began to decline in the early 1990s. As students began to perceive lower risk from drug use, substance abuse rates began to rise. Researchers speculate that these changes mirrored a decline in public attention to the dangers of drug use, possibly following the decline in drug use during the 1980s. The use of illicit drugs rose sharply after 1992 and has continued to rise in proportion to a decline in the percent of students who perceived drug use as harmful. The trend in the percentage of youth who perceive great risk in substance use has not continued to rise.

Health

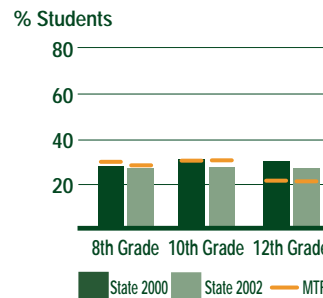
How Does Washington State Compare with National Trends?

Washington youth perceive the risks of regular marijuana use and drinking at a rate similar to the national average except for the heightened perceptions of daily drinking by the state's 12th graders. On the other hand, Washington youth are much more aware than their national cohorts of the risk of heavy smoking. At all grades and for all three substance use risks, 2002 rates were lower than 2000.

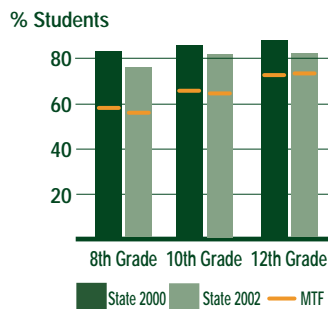
Percent of Students Saying "Great Risk": Regular Marijuana Use



Percent of Students Saying "Great Risk": Drink Nearly Every Day



Percent of Students Saying "Great Risk": Smoke One or More Packs of Cigarettes Per Day



Source: Healthy Youth Survey and Monitoring the Future Survey.

Health

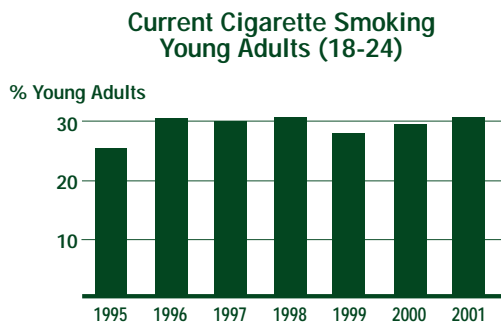
How are we doing?

Since 1995 the prevalence of current smoking among young adults has remained essentially stable. Our most recent data indicate that nearly one in three young adults currently smoke cigarettes.

With the exception of tobacco, there is currently no regularly collected source of data to track trends for excessive drug use by young adults (18-24) in Washington State. In 2004 the results of a statewide household survey will provide additional information and a college survey is in the planning stage. The data provided for this 2003 report on use of substances other than cigarettes are from national data sources.



Decrease the number of young adults (18 to 24) who smoke, mis-use alcohol or use illicit drugs.



Source: Washington State Behavioral Risk Factor Surveillance System (BRFSS).

Percent of People 18-25 Years Old Who Have Used Alcohol, Tobacco, or Other Drugs During the Past 30 Days

	State Estimates 1999-2000	National
Marijuana	14.28%	14.7%
Any illicit drug	17.05%	16.8%
Cigarettes	34.42%	39.5%
Binge drinking	32.02%	38.1%

Source: National Household Survey.



Young Adult Substance Abuse

Marijuana	15%
Any illicit drug	15%
Cigarettes	25%
Binge drinking	25%

What can we do about it?

As most substance use among adolescents declines, and as these adolescents enter adulthood, we may see this decline reflected in young adult substance use rates.

Binge drinking on college campuses has received growing attention. Binge drinking has serious health and safety repercussions.

Health

How are we doing?

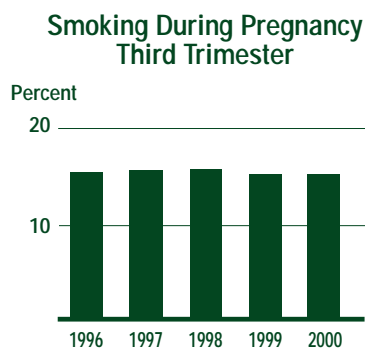
Data for Washington State shows slight declines for smoking during pregnancy in recent years. For 2001, the national rate for smoking during pregnancy was 12%, and in 2000 it was 12.2%.

In Washington State between 1998 and 2000, around 5% of women reported that they drank alcohol during the 3rd trimester. Drinking during pregnancy was the least common among the youngest women, and increased with every age group.

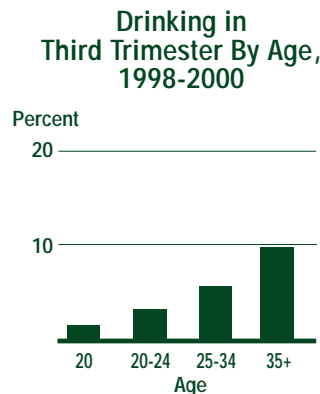
Nationally, the combined data for 2000-2001 showed that for pregnant women aged 15 to 44, 12.9 percent used alcohol and 4.6 percent were binge drinkers. These rates were significantly lower than the rates for non-pregnant women of that age. Nationally, 49.8 percent of non-pregnant women used alcohol and 20 percent were binge drinkers.⁸



Increase the number of women who do not use substances during pregnancy.



Source: Washington State Pregnancy Risk Assessment Monitoring System (PRAMS).



Source: Washington State Pregnancy Risk Assessment Monitoring System (PRAMS).



A target for reducing substance use by pregnant women has not yet been adopted for Washington State. However the national target set by Healthy People 2010 is to increase abstinence from alcohol to 94%, decrease binge drinking by 100%, decrease cigarette smoking by 98% and decrease illicit drug use by 100%.

What can we do about it?

Prenatal use of alcohol, tobacco and illicit drugs can result in a variety of effects, including spontaneous abortion, low birth weight, and pre-term delivery. Low birth weight is a primary indicator of the health of the newborn infant.⁹ Infants born with Fetal Alcohol Syndrome have irreversible physical and mental damage.¹⁰ Therefore, prevention, cessation support, and treatment for pregnant women who abuse substances will result in benefits not only for women, but their children, entire families, and communities.

Recent research in tobacco cessation indicates that tobacco use interventions are effective when delivered by healthcare providers according to recommended clinical practice guidelines, and when office systems are in place to assure routine assessment and follow-up.¹¹ A comprehensive set of services is needed for treatment for substance abusing pregnant women because they have a range of medical, social, and residential needs that must be met if treatment is to succeed. Successful treatment results in fewer low birth weight babies, and therefore healthier babies.¹²

Safety

Safety is an important factor for thriving families. But alcohol, tobacco and other drugs lead to “un-safe” behaviors. There are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition.¹ In addition, there are enormous costs to society. Alcohol abuse in the United States costs more than \$166 billion per year. Sixty-seven percent of that cost is due to illness or death.² One study estimates that here in Washington, \$681 Million was spent in 1999 on the consequences from alcohol-attributable youth violence.³ Substance abuse has other indirect links to safety. For some youth, alcohol and illicit drug use can be their response to child abuse and neglect and other adverse childhood experiences.

How are we doing?

Alcohol or illegal drug abuse (not including tobacco) contributed to almost 4,000 deaths in Washington State in 2001. That is 8.9% of all Washington State deaths.

Estimated Rate of Death
Related to Alcohol and Illegal Drug Use,
as a Percentage of All Deaths,
in Washington State

1997	1998	1999	2000	2001
9.04%	8.92%	8.65%	8.80%	8.87%

Source: DSHS Research and Data Analysis.
Note: These rates do not include tobacco-related deaths.



Reduce
substance
abuse-related
deaths.

What can we do about it?

When efforts to prevent or reduce the abuse of alcohol, tobacco and other drugs are successful, the natural consequence is a reduction in the number of substance-abuse related deaths. Deaths that can be directly or indirectly related to alcohol abuse include many motor vehicle crashes, strokes, cirrhosis of the liver, cancer, stroke, falls, and other injury incidents. Evidence links a high proportion of deaths from falls, fires, burns, and drowning to alcohol use.

More than one-third of all AIDS deaths in the U.S. have occurred among injecting drug users and their sexual partners.⁴ Other drug-related deaths include hepatitis and tuberculosis, homicides, falls, motor vehicle crashes, drug-induced psychosis, suicide, and intentional or accidental poisoning that result from drug overdose.

Of course, non-drug users can also be victims of drug-related deaths, including people killed in drug-related violence, drug withdrawal syndrome in newborns, or motor vehicle crashes related to drugs other than alcohol.

Safety

How are we doing?

In 2001, more than 37% of people killed in traffic collisions were in crashes where a driver had been drinking. This was down 2% from the year 2000.

According to the National Highway Traffic Safety Administration (NHTSA), 30% of drivers' ages 15-20 who died in motor vehicle crashes in 2000 had been drinking alcohol. Motor vehicle crashes remain the single largest cause of death among Americans between the ages of 1 and 34.⁵ In 1997, 3,157 children under the age of 16 were killed in motor vehicle crashes. Nearly 21 percent of those crashes were alcohol related.



Reduce the number of people who drink and drive.

Washington State Deaths Caused by Drinking-Driver-Involved Motor Vehicle Crashes

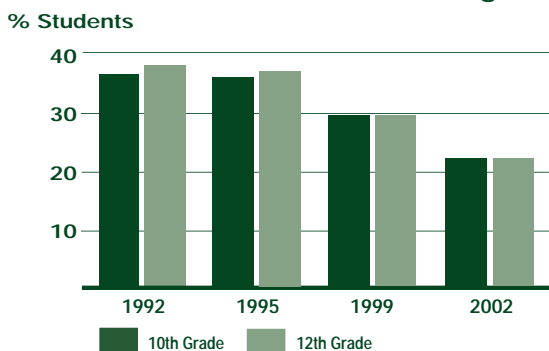
	2000	2001
Fatal Collisions	572	568
Persons Killed	631	649
Drinking Driver Collisions	227	204
Persons killed in drinking-driver collisions	248	243
Percent of total	39.3%	37.4%
Rate per 100,000	4.2	4.7

Source: Fatality Analysis Reporting System, through Washington Traffic Safety Commission.



Decrease to four per 100,000

Percent of Washington 10th and 12th Graders Reporting Riding in a Vehicle with a Driver Who Had Been Drinking



Source: 1992, 1995, and 2000: WSSAHB. 1999: YRBS, 2002: HYS.



Decrease to 25%

What can we do about it?

The National Highway Traffic Safety Administration estimates that since 1975 over 17,300 lives have been saved by enforcement of minimum drinking age laws.

On January 1, 1999, Washington State reduced the blood alcohol limit (BAC) for DUI (driving under the influence) from .10 to .08, and increased the penalties for DUI including driver's license suspension. This was widely publicized with extensive media coverage both preceding and following the January 1 effective date. Arrests of drivers with blood alcohol level between .08 and .10 increased more than 25% between 1999 and 2001.⁶

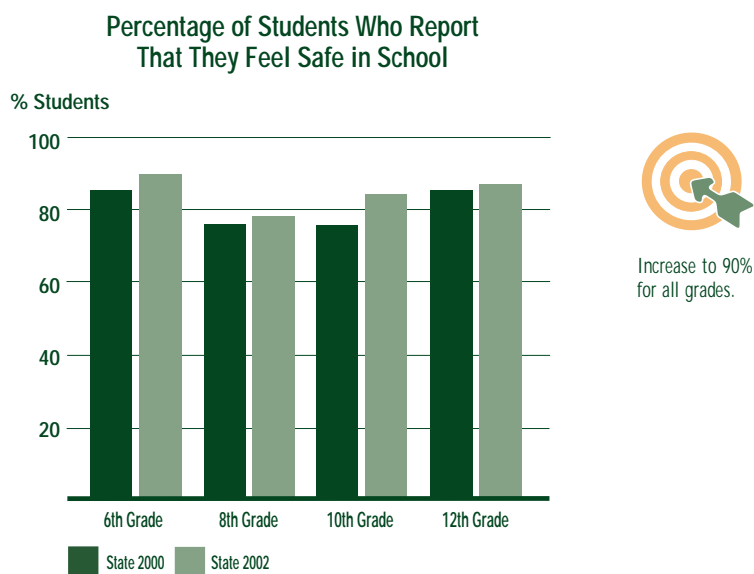
Safety

How are we doing?

There was an increase from 2000 to 2002 in the percent of students who reported feeling safe at school. This occurred for grades 6, 8, 10 and 12. The improvements for 6th and 10th graders were statistically significant. The 6th grade rate for 2002 meets the target that 90% of students would report that they feel safe at school.



Increase the number of students who feel safe at school.



What can we do about it?

Guidelines to increase school safety are best when developed in collaboration with students and parents. Improving the climate of safety for students requires that schools provide consistent messages about expectations for appropriate behavior, with clear, fair and consistent consequences to failing to comply with school rules.

In spite of the improvements reported above, the 2002 Healthy Youth Survey reported a number of issues related to safety at school that are cause for concern. One example is that 5.5% of 8th graders reported that they had carried a weapon onto school property during the past 30 days.

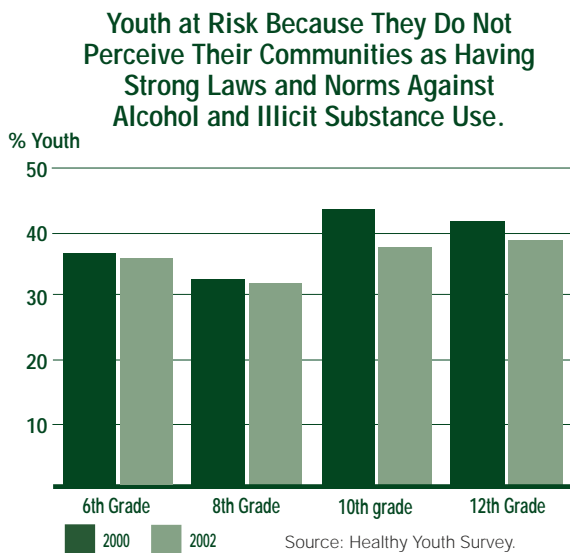
Many schools have implemented special programs to help reduce antisocial behavior, including programs for anger control, administrative techniques such as classroom management, and social skills training. In addition, there are a small percentage of students who need intensive, individual help or alternative placement programs.

Safety

How are we doing?

This scale measures youth perceptions of their community's laws and norms concerning use of alcohol and illicit substances. An example is whether they think that children and youth in their community would get caught if they used alcohol or marijuana, and whether they think adults in the community would disapprove.

Generally speaking, between the 8th and 10th grade, adolescents become much less influenced by their communities' laws and norms against substance use. However, the data for Washington State show that the number of 10th and 12th grade students perceived to be at risk because of lack of strong laws and norms for alcohol and illicit substance use declined between 2000 and 2002.



Reduce to 25%
for 6th and 8th graders.

Reduce to 30%
for 10th and 12th graders.



Increase the number of communities where substance use laws are consistently enforced, and children and youth know that the community's adults stand behind these laws.

What can we do about it?

Movies, television, and other media surround children and youth with messages that glamorize drinking and smoking. The local community environment can inadvertently reinforce that image; for example, drinking in public may be common at community events, or the underage drinking law may not be consistently and vigorously enforced.

Community and school policies have the power to influence youth behavior and expectations. Broad-based coalitions that assess policies and work for change can be a vital influence in a community. On the other hand, a community may have good laws but inadequate resources for consistent enforcement. A mobilized community can address these issues.

High visibility and broad public support help to turn laws into norms. Media support for prevention efforts is a key communication strategy.

Social Integration into the Community

The community has a powerful influence on how children and youth develop. For healthy development, it is important that children and youth have meaningful roles and positive supports within their communities. This includes providing children and youth with opportunities to help and be helped by the community's adults. It also means providing opportunities to learn the skills children will need to make positive choices and giving recognition for their efforts to participate in their communities.

How are we doing?

Health Youth Survey data show a decline from 2000 to 2002 in all grades for the percentage of youth who report that they have opportunities for pro-social involvement in their communities. At the same time, 8th, 10th and 12th graders report an increase in the recognition they receive for the community activities they do participate in. From the 6th to the 12th grade, the percentage of youth who engage in sports, scouting and art declined. However, youth report small increases in service and social activities from the 6th through the 10th grades.

Percent of Youth Who Perceive That They Have
"Opportunities and Rewards for Prosocial
Involvement in their Communities"

	6th Grade		8th Grade		10th Grade		12th Grade	
	2000	2002	2000	2002	2000	2002	2000	2002
Opportunities for Prosocial Involvement	42.4	25.8	56.5	50.7	48.9	46.6	47.1	42.7
Rewards for Prosocial Involvement	67.4	48.0	52.6	54.9	55.7	60.3	51.5	55.1



Increase
to 75%
for all grades.

Source: Healthy Youth Survey.

Percent of Youth
Who Report That They Participate
in Extracurricular Activities

Activities	6th Grade	8th Grade	10th Grade	12th Grade
Sports	67.1	65.5	58.3	54.5
Scouting	16.1	10.0	7.6	7.1
Art	48.6	41.1	42.4	40.3
Service/Social	35.6	38.6	42.1	40.2

Note: Some youth may not participate in certain activities because those activities are not available in their neighborhood.



Increase the percentage of youth who spend time each week in pro-social activities that build positive intergenerational relationships, social skills, and a personal sense of accomplishment.

Social Integration into the Community

What can we do about it?

Youth need opportunities to feel valued, trusted, responsible, capable and significant. Youth need real world experiences that affirm that they are contributing to the people they care about in ways that matter. For youth to transition into productive adults, they need to practice a wide range of life, work, and other skills.¹

Pro-social involvement helps youth develop a wide range of relationships with adults, both inside and outside the family. This leads to a sense of security and personal identity, and understanding of community rules related to behavior, expectations, values and morals.² Youth empowered in this way are more able to steer clear of trouble.³ Youth who are already in trouble, alienated or disengaged can set a new course when given genuine opportunities to engage in pro-social activities they design and implement, with adults serving in the role of supporters, advisors, and resources.⁴

Pro-social opportunities are as numerous and varied as the youth in our State. *Peer Mediation* and *Natural Helpers* as well as school-based service clubs are already well established in many communities. Mentoring and leadership development opportunities have the added benefit of youth learning in partnership with valued adults in the community.

Pro-social involvement reduces the likelihood that youth will get into trouble. It increases their resilience to bounce back when they face hardships. The full value of pro-social involvement is realized only when the broader community recognizes and encourages efforts made by youth. Youth need to develop their sense of autonomy, knowing that they are making a difference.⁵

Social Integration into the Community

How are we doing?

Children and youth need to feel a sense of belonging with those who care for them daily. Substance abuse can interfere with this belonging when either the adult or the youth are substance abusers. Substance abuse can interfere with an adult's ability to provide a healthy and protective web of belonging around the children for whom they care. Some youth use substances to respond to life experiences that leave them feeling unwelcome and unwanted.

At present, the Governor's Council on Substance Abuse has not identified a statewide indicator to track progress toward meeting this goal. Some Washington communities include an additional set of questions about family attachments when the Healthy Youth Survey is conducted in their schools. Other communities have developed local indicators to help them measure their work to provide more supports to help build thriving families.



Children and youth feel attached and committed to those who care for them.

What can we do about it?

Individuals develop healthy bonds with people when they experience warm and caring relationships that make them feel valued, supported and appreciated. Having a wide range of positive relationships with others helps children and youth to develop their personal identity and a sense of security. It is these positive relationships with others that help them to learn the skills and behaviors needed to negotiate a productive adult life.

Positive bonding with parents and families is particularly important. The popular view is that peers are more influential than parents in the lives of adolescents. However, research clearly shows that having a "satisfactory" parent-child relationship reduces the likelihood that children and youth will use alcohol, drugs and tobacco, become involved with gangs, or participate in risky sexual activity.⁶

A positive relationship with family has the most influence from childhood into early adolescence. After early adolescence, the role of peer influence increases substantially. However, parental influence remains a constant factor throughout the teenage years.⁷ For example, parents' influence in decisions about how to deal with sex can mitigate peer pressure.⁸

Adolescents who describe their relationship with parents as "difficult" or "problematic" are significantly more likely to smoke, have sex at an early age, use drugs, drink, or affiliate with a gang than students who report positive relationships with their parents.⁹

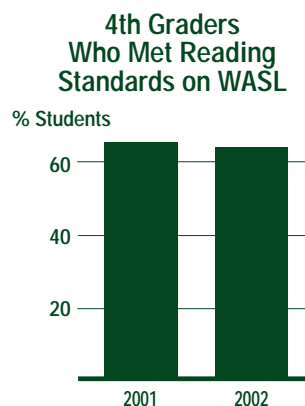
Parenting education can help parents learn how to express clear expectations and structure time to talk to their children about risky behaviors. In addition to structured time, family "hang around time" helps promote positive communication.¹⁰ Parents need to provide a meaningful role for youngsters within the family—a role that allows the child to contribute to family life. Parents also need to help children acquire the necessary skills and provide the materials they need to contribute successfully. Finally, parents must make sure children know that their efforts are appreciated.¹¹

Learning and Skill Building

School offers children opportunities to learn social and other new skills through interactions with adults and other children. The experience children have in school will play a significant role in determining how they will engage in life and contribute to society.

How are we doing?

Academic achievement is one indicator of the success of children's elementary school experience as measured by the Washington Assessment of Student learning (WASL) reading scores. The target for this goal is to raise the percentage of fourth graders whose reading scores meet WASL Standards.



Increase the percentage of children who are successful in elementary school.

What can we do about it?

When an elementary school student begins to have trouble academically, there is a high probability that he or she will continue to have trouble.¹ And academic failure at all ages is predictive for developing other problem behaviors.

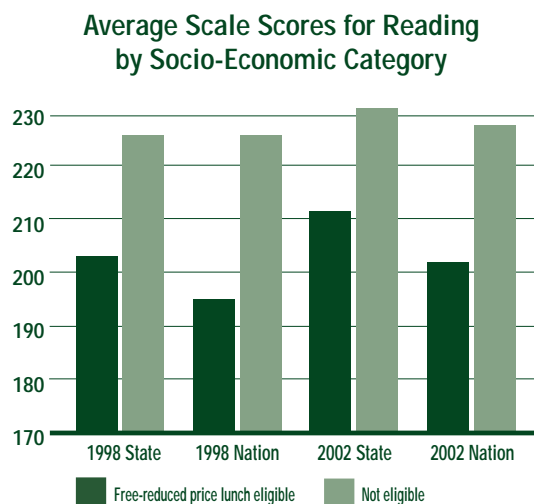
Even before children are old enough to enter kindergarten, it is important to begin helping them get ready for school. Children and families living in high-risk environments may need extra support to help children prepare for school.² Intellectual enrichment programs in preschool have been shown to have a long-term beneficial effect on children's success in school. For children who participate in intellectual enrichment programs in preschool, there is a higher rate of high school graduation and a decrease in the rate of special education placement.

Learning and Skill Building

How Does Washington Compare with National Trends?

The National Assessment of Educational Progress (NAEP), commonly known as The Nation's Report Card, included Washington in its random sample for 2002. The Report Card shows that Washington's student reading scores have improved significantly since 1998, and that Washington is now among the top states in the nation for student reading scores. All grades in Washington State showed some improvement in reading scores. The largest improvement in reading scores was for students who had the lowest reading scores for the last WASL test.

In 2002, 32 percent of Washington's fourth graders were eligible for the free/reduced price lunch program. Eligible students had an average reading scale score of 211, a significant increase from their average 1998 score of 203. There were also significant gains in reading scores for all other students, whose scores increased from 226 in 1998 to 232 in 2002.



Source: The Nation's Report Card: Washington State Reading 2002, <http://nces.ed.gov/nationsreportcard/reading/results>.

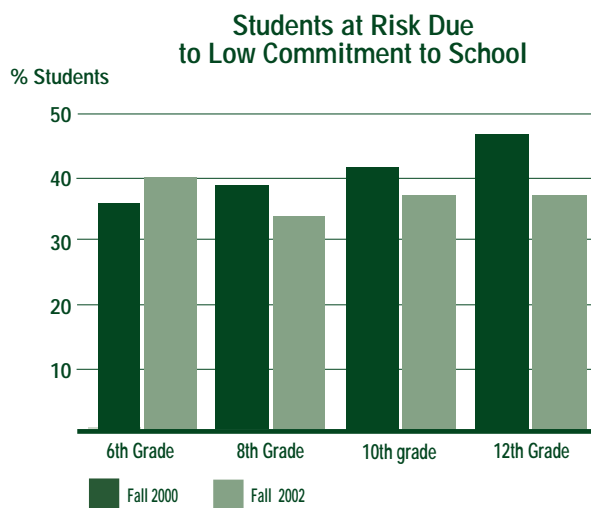
Learning and Skill Building

How are we doing?

Commitment to school is characterized by having a personal investment in education and by doing well in school. Commitment, when coupled with close relationships with school staff and other students, leads to healthy social integration into the school community. This, in turn, plays a central role for positive development in childhood and adolescence.

In 8th, 10th and 12th grade, the Healthy Youth Survey indicates that there was a smaller percentage of students at risk due to a low commitment to school in 2002 than in 2000. The survey does not include students who may have dropped out of school by the 12th grade.

The increase of the percentage of 6th graders reporting a low commitment to school should be of concern.



Increase the percentage of children who believe that school is important, and that it is relevant to their future.

What can we do about it?

Developing a commitment to school begins in the early elementary school grades. Parents of young children can help this process by helping their children strengthen skills that support academic development. Examples of ways parents can stay involved in their children's educational development include reading with young children, and demonstrating the importance of school by offering to help with homework.



Percent of Students at Risk due to Low Commitment to School
Decrease to 20% for 6th graders
Decrease to 25% for 8th, 10th, and 12th graders.

Maintaining a strong commitment to school can become a bigger challenge with older adolescents whose academic motivation may begin to decline. This is particularly true for adolescents who are already struggling with academics. When low commitment to school is widespread among students, schools may be able to help by making changes in classroom management procedures. Organizational changes that help create more pro-social opportunities for students to get involved with their school and teachers can help students to develop a positive bond and commitment to school. Some individual students may be helped by one-on-one tutoring or mentoring programs.

Learning and Skill Building

How are we doing?

Truancy and poor attendance are early warning signs for future problems—delinquent activity, social isolation, and/or academic failure. School districts are required to report students with ten or more unexcused absences in a school year or five or more unexcused absences in a month. These reports, which are filed with the juvenile courts, are called Truancy Petitions. Only one year of truancy petition data was available for this report.

**Unexcused Absence Truancy Petitions
Filed in the 2001-2002 School Year**

	1st - 2nd Grade	3rd - 5th Grade	6th - 8th Grade	9th - 12th Grade
Number of Petitions Filed	523	867	3,509	9,874
Percent of Students	.4%	.4%	1.5%	3.2%

Source: Report to the Legislature on Truancy,
Chapter 28A.225 RCW, 2001-02, OSPI, March 2003.



Increase the percentage of students who attend school regularly.

What can we do about it?

Schools do not bear the sole responsibility for motivating students to attend school on a regular basis. This is a broader issue that requires the involvement of families and the community. Being involved in the education of children and youth requires that education be recognized as a high priority. Examples of supportive ways that families can get involved with their students' education include recognizing and praising students' work, providing help with homework, knowing their friends, and encouraging participation in structured extra-curricular activities. Community members and families can also help by becoming involved in the school's prevention programs and cooperating with the truancy boards' efforts.

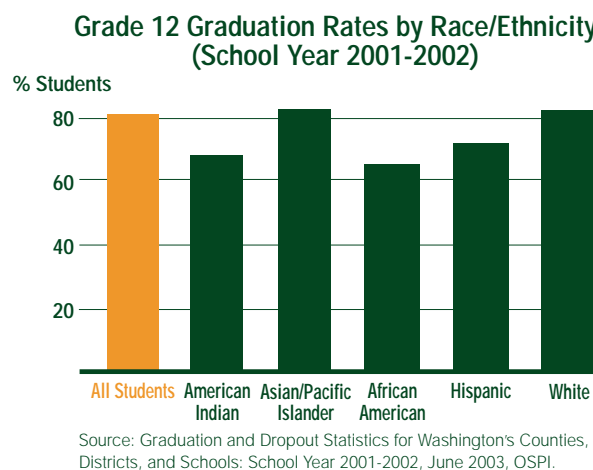
Learning and Skill Building

How Are We Doing?

The data for this goal is based on the new definitions and reporting requirements of the *No Child Left Behind Act* of 2001 (NCLB). Since this is new data, it cannot be compared to other Washington State dropout statistics. Reliable data for tracking the numbers and trends for high school dropout rates is difficult to identify. In the NCLB report, students receiving a non-traditional diploma or those students whose status is unknown are included in dropout statistics. Very few school districts included students who dropped out before their senior year. Taking into account dropout rates from previous years and the number of continuing students, the Office of Superintendent of Public Instruction estimates an on-time graduation rate in Washington State of 65.7%.



Increase the percentage of youth who graduate from high school.



What can we do about it?

To improve high school completion rates in Washington State requires a concerted effort to reduce the risk factors related to high school dropouts. This involves working on many of the goals detailed in this report, including increasing students' commitment to school, improving students' academic achievement, and providing pro-social ways for students to become involved and develop positive attachments at school, at home, and in the community.

Poor academic achievement before 10th grade is a predictor for dropping out in high school. There is often an intertwining of factors that, when they occur before the 10th grade and when combined with poor academic achievement, can increase the likelihood of high school dropout. These include low attachment to school, being sexually active, and low parental educational expectations.³ However, other broader problems like bonding to antisocial peers and low social-economic status can intensify the potential for dropping out of school. To support students who are exposed to a large number of these risk factors, prevention efforts can emphasize programs that provide support for youth who come from families living in poverty, youth with friends who engage in high-risk behavior, and youth who participate in violence and drug use. When coupled with efforts to encourage academic success, this emphasis holds particular promise for reducing school dropout.

Summary and Conclusions

This report has discussed how Washington State has organized its prevention efforts into goals and indicators that represent progress towards preventing substance abuse and its related social consequences. These indicators can help us to better understand what we have been doing well, and what needs further attention to improve efforts to prevent substance abuse in Washington State.

What Washington is Doing Well

The data in this report shows that we have made some progress toward preventing substance use and its health-related impacts.

- Cigarette smoking among youth is down after peaking in 1999.
- Smokeless tobacco among youth has shown a consistent decline since 1995.
- The age at which a youth has first tried alcohol, tobacco or marijuana has increased since 2000.
- Smoking during the third trimester of pregnancy is down since 1996.

What Needs Further Attention

When youth do not perceive that their communities have strong laws and norms against children and youth using alcohol and illicit drugs, and they do not perceive the use of these substances as harmful, they are more likely to use substances and are at higher risk to develop substance abuse problems.

- The percent of students at risk because they do not perceive substance abuse to be harmful or risky has increased since 2000.
- Cigarette smoking among young adults has increased since 1995.
- The percent of youth at risk because they do not perceive their communities as having strong law and norms against alcohol and illicit substance abuse has shown only modest declines since 2000.

Focus on the Future

The Memorandum of Agreement signed in 2001 by the Governor's Council on Substance Abuse and ten of Washington's State agencies will continue to provide direction to Washington's ongoing policy to reduce and prevent substance abuse and the harm it causes. This report will be updated in 2005, again providing Washington's citizens with a review of Washington's substance abuse prevention progress.

Sources

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone survey of Washington residents conducted by the Department of Health. The BRFSS collects information from adults on health behaviors and preventive practices related to several leading causes of death.

The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, and the Department of Community, Trade and Economic Development. The Healthy Youth Survey provides important information about adolescents in Washington. County Prevention Coordinators, Community Mobilization Coalitions, Community Public Health and Safety Networks, and others use this information to guide policy and programs that serve youth. A variety of health-related behaviors, as well as risk and protective factor indicators, are assessed among 6th, 8th, 10th, and 12th graders. Administration is planned for every fall of even years, to allow systematic tracking of youth cohorts over time. Data from the Fall 2002 State sample are available at <http://www3.doh.wa.gov/HYS/default.htm>.

HYS data are combined with two other sources to create trend data in this report. Both the Youth Risk Behavior Survey (YRBS) and the Washington State Survey of Adolescent Health Behaviors (WSSAHB) were administered in different years through 1999. Since 2000, these two survey efforts have been merged to create the HYS.

HYS data can be compared to the national survey Monitoring the Future (MTF). MTF is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of some 50,000 8th, 10th and 12th grade students are surveyed (12th graders since 1975, and 8th and 10th graders since 1992). In addition, annual follow-up questionnaires are mailed to a sample of each graduating class for a number of years after their initial participation. See <http://www.monitoringthefuture.org/>.

Note: For simplicity throughout this report, data from state-sponsored surveys of substance use that are administered in schools are called Healthy Youth Survey data. As the above paragraphs explain, however, these surveys have had several different names and have covered different content areas.

Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) is a follow-up survey conducted by the Department of Health among a sample of women who delivered infants in Washington. A variety of health behaviors are assessed.

Fatality Analysis Reporting System (FARS) contains data on a census of fatal traffic crashes. To be included in FARS, a crash must involve travel on a trafficway customarily open to the public and result in the death of a person (occupant of the vehicle or a non-motorist) within 30 days of the crash. For more Washington State data, see http://www.wa.gov/wtsc/stats_research.html.

The Washington Assessment of Student Learning (WASL) is a test designed by Washington teachers and reflects what students know and are able to do based on the state's Essential Academic Learning Requirements (EALRs). These clear targets in the subject areas of reading, writing, listening and mathematics represent the specific academic skills and knowledge Washington State students are required to meet in the classroom. More information can be found online at <http://www.k12.wa.us/assessment/>.

Graduation and Dropout Statistics, Publication Number 03-0014, is available on the Office of Superintendent of Public Instruction website <http://www.k12.wa.us/dataadmin>.

Deaths related to alcohol and other drugs are estimated by Research and Data Analysis, DSHS, based on coroner's reports. RDA's method examines all the diagnoses on the death certificate, adding "direct" causes of death to "indirect" causes. The indirect causes are a research-based percentage of deaths that result from diagnoses that are frequently, but not always, due to alcohol and other drug use. For example, 74% of the cirrhosis deaths over age 35 can be indirectly attributed to alcohol.

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Mariann Whalen, Community Representative, Port Angeles (Vice-Chair)

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**For more information,
please contact the Governor's
Council on Substance Abuse
at 360-725-3032.**

Additional copies of this and other
Council reports can be obtained by
calling the Washington State Alcohol/
Drug Abuse Clearinghouse
at 1-800-662-9111

Council reports are also available at
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box.

